## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P94000057395

1. Entity Name

ESTÉS' SEAL COATING, INC.



Principal Place of Business

2860 LAKE BRADFORD ROAD TALLAHASSEE, FL 32310

Mailing Address

2860 LAKE BRADFORD ROAD TALLAHASSEE, FL 32310

### FILED Apr 10, 2008 08:00 A Secretary of State



### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04022008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3258762
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BARRETT, R. V 101 NORTH GADSDEN STREET TALLAHASSEE, FL 32302

# DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. |   |  |          |  |                                    |        |
|--|---|--|----------|--|------------------------------------|--------|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  |   |  |          |  |                                    |        |
| FILE NOWIII FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |   | Trust Fund Contribution.   Added to Fees |          | \$5.00 May Be<br>Added to Fees   | U00000889130<br>04/22/08-80040-020 | 150.00 |
| 10.  | OFFICERS AND DIREC  | CTORS                                    |          |  |                                    |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PSTD ESTES, MICHAEL K 2860 S LAKE BRADFORD RD TALLAHASSEE, FL 32310 |  |          | •  |                                    |        |
| NAME STREET ADDRESS CITY-ST-ZIP  |   |  |          |  |                                    |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |          | DO   | NOT WRITE                          |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |          | IN .   | THIS SPACE                         | ,      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITÝ-ST-ZIP   |   |  |          |  |                                    |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Topics  | en e | , 44 · * | A CONTRACT  A CONT | 1                                  |        |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119; Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GMATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-08-08

576-05/2

Daytime Phone #